

THIS FORM IS FOR PREVIEW PURPOSES ONLY AND WILL NOT BE ACCEPTED FOR SUBMISSION

PLEASE INITIATE FORM IN DOCUSIGN

FORM GSBS32: REQUEST FOR FAMILY AND HEALTH ACCOMMODATION

Students can request up to eight weeks of time for the care of a child or other family member or to manage serious medical needs. During this time, the student will remain enrolled as a full-time student with a minimum of nine credits. The student will continue to receive a stipend for up to eight weeks plus any unused academic break days. The advisor or Department paying the stipend remains responsible for the stipend during family and health accommodation time. The timing of family and health accommodation can be consecutive or nonconsecutive. After eight weeks, the student will return to full-time student responsibilities or will initiate a Leave of Absence. Family and Health Accommodation may not be used to extend enrollment in the time periods post-PhD defense or post-transition to the MS completion pathway.

Student Information

Student Name: _____ PSCS ID: _____

Graduate Program: _____

Funding Department: _____

Type of Request

Request for Family and Health Accommodation _____ Date: _____

Return from Family and Health Accommodation _____ Date of Return: _____

Vacation Days

In addition to the allowed eight weeks, I will be using _____ Vacation Days. This has been approved by my Thesis Advisor or the GSBS Dean.

Requirements upon Return

To be completed by Dean or Associate Dean for Academic Affairs

Signatures

Role	Name	Signature	Date
Student			
Thesis Advisor			
Associate Dean for Academic Affairs			

GSBS Dean			
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Distribution: GSBS Administration and all signers